

Attorney Docket: 995/46
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Combined Declaration For Patent Application and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled NOVEL HAPTOTACTIC PEPTIDES, the specification of which

(check one) ☒ is attached hereto.

☐ was filed on

as Application Serial No.

and was amended on

I hereby state that I

have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(number) (Country) (Day, Month, Year Filed)

☐ Yes ☐ No

(number) (Country) (Day, Month, Year Filed)

☐ Yes ☐ No

(number) (Country) (Day, Month, Year Filed)

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application:

09/084,371
(Application Serial No.)

27 MAY 98
(Filing Date)

pending
Status

(patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

Status

(patented, pending, abandoned)

I hereby appoint the following attorneys, with full power of substitution, association, and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Mark M. Friedman Registration No. 33,883

Address all Correspondence to:

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Continuation of Combined Declaration For Patent Application and Power of Attorney

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statement may jeopardize the validity of the application of any patent issued thereon.

*FULL NAME OF SOLE OR FIRST INVENTOR RAPHAEL GORODETSKY	INVENTOR'S SIGNATURE <i>R. Gorodetsky</i>	DATE 19/1/99
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RESIDENCE	CITIZENSHIP ISRAELI	
POST OFFICE ADDRESS		

*FULL NAME OF FOURTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP ISRAELI	
POST OFFICE ADDRESS		

*FULL NAME OF FIFTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP ISRAELI	
POST OFFICE ADDRESS		

*FULL NAME OF SIXTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP ISRAELI	
POST OFFICE ADDRESS		

*FULL NAME OF SEVENTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP ISRAELI	
POST OFFICE ADDRESS		

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Continuation of Combined Declaration For Patent Application and Power of Attorney

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statement may jeopardize the validity of the application of any patent issued thereon.

*FULL NAME OF SOLE OR FIRST INVENTOR RAPHAEL GORODETSKY	INVENTOR'S SIGNATURE	DATE
RESIDENCE 32 HAKFIR, JERUSALEM 98251, ISRAEL	CITIZENSHIP ISRAELI	
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*FULL NAME OF SECOND INVENTOR GERARD MARK	INVENTOR'S SIGNATURE <i>Gerard Mark</i>	DATE 7/13/00
RESIDENCE 219 EAST ELEVENTH STREET, N.Y., NEW YORK 10003 USA	CITIZENSHIP ISRAELI	
POST OFFICE ADDRESS 219 EAST ELEVENTH STREET, N.Y., NEW YORK 10003 USA		

*FULL NAME OF THIRD INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP ISRAELI	
POST OFFICE ADDRESS		

*FULL NAME OF FOURTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP ISRAELI	
POST OFFICE ADDRESS		

*FULL NAME OF FIFTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP ISRAELI	
POST OFFICE ADDRESS		

*FULL NAME OF SIXTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP ISRAELI	
POST OFFICE ADDRESS		

*FULL NAME OF SEVENTH INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP ISRAELI	
POST OFFICE ADDRESS		

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SMALL BUSINESS CONCERN - NEW APPLICATION

Attorney Docket No.: 895/49

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In RE Application of: RAPHAEL GORODETSKY and GERARD MARX

Filed Concurrently Herewith

For: NOVEL HAPTOTACTIC PEPTIDESVERIFIED STATEMENT UNDER 37 CFR 1.27
CLAIMING STATUS AS A SMALL ENTITY

To The Commissioner of Patents and Trademarks:

I hereby declare that:

I am the owner of, or an official empowered to act on behalf of, the small business concern identified below:

Name of Concern: HADASIT MEDICAL RESEARCH SERVICES & DEVELOPMENT COMPANY LTD.Address: P.O.B. 12000, JERUSALEM 91120, ISRAEL

The small business concern identified above, together with its affiliates, employs fewer than 500 persons and qualifies as a small business concern as defined in 37 CFR 1.9(d) for purposes of paying reduced fees under 35 USC § 41(a) and § 41(b) to the Patent and Trademark Office with regard to the above-entitled invention described in the specification filed herewith.

Rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the above-entitled invention.

If the rights held by the small business concern are not exclusive, each other party having rights to the invention is listed below, and no rights to the invention are held by any party who could not qualify as a small entity under 37 CFR 1.9(f), namely any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Full Name (Party 1):

הדאסיט
הדאסיט
medical research services
& development ltd.

Address:

Status:

☐ Individual☒ Small Business
Concern☐ Nonprofit
Organization

Full Name (Party 2):

Address:

Status:

☐ Individual☐ Small Business
Concern☐ Nonprofit
Organization

I acknowledge the duty under 37 CFR 1.29(b) to file, in this application, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the issue fee due after the date on which status as a small entity is no longer appropriate.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application and any patent issuing thereon.

Dr. Raphael Gorodetsky
Name of Person Signing

הדאסיט
הדאסיט
medical research services
& development ltd.

Capacity of Person Signing:

Address of Person Signing:

Manager Director
Hadasit Medical Org.

San Le, 1000
Date

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